

# Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions

A Public Document

<b>1. Agency Name</b> City of Lemon Grove		Date Stamp <b>RECEIVED</b>  FEB 14 2018	California Form <b>802</b> For Official Use Only
<b>Division, Department, or Region</b> (if applicable) City Managers Dept			
<b>Designated Agency Contact</b> (Name, Title) Lydia Romero, City Manager		<b>CITY MANAGER DEPARTMENT</b>	
<b>Area Code/Phone Number</b> 619-825-3800	<b>E-mail</b> lromero@lemongrove.ca.gov	<input type="checkbox"/> <b>Amendment</b> (Must Provide Explanation in Part 3.) <b>Date of Original Filing:</b> 02/14/2018 <small>(month, day, year)</small>	

## 2. Function or Event Information

Does the agency have a ticket policy? Yes ☒ No ☐ Face Value of Each Ticket/Pass \$ 23

Event Description: S.D. County Taxpayers Assoc Receipt Date(s) 03 / 08 / 18  
Provide Title/ Explanation

Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒ If no: San Diego County Taxpayers Association  
Name of Source

Was ticket distribution made at the behest of agency official? Yes ☐ No ☒ If yes: \_\_\_\_\_  
Official's Name (Last, First)

## 3. Recipients

• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
Vasquez, Racquel, Mayor	1	Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> Performance of a ceremonial role or function representing the City at the event (Applicable City Policy 5.3, [a])
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy

## 4. Verification

I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.


 \_\_\_\_\_ Lydia Romero \_\_\_\_\_  
 Signature of Agency Head or Designee Print Name Title (month, day, year)

Comment: \_\_\_\_\_